

Application form

November 2015

List of approved persons for appointment to panels

Checklist for applicants

1. Please read the application guide for this vacancy before you complete this form.
2. Please complete this application form.
*Information marked with an * is optional. If you provide this information, it may be used to measure diversity in appointments.*
To use the 'check boxes' in the application form, please double-click on the box, and select "default value – checked".
3. Please read the privacy information and sign the declaration at the end of the application form. Unsigned application forms cannot be progressed.
4. Please attach your **two (2) page** CV or resume.
5. Please download and complete the following forms via the [panel recruitment page](#) on the AHPRA website:
 - national criminal history check form (must provide certified copies of proof of identity documents)
 - private interests declaration form
6. Send your application either by option 1 or option 2 :

Option 1	Option 2
<p>Mail the complete application to:</p> <p>Australian Health Practitioner Regulation Agency Attn: Statutory Appointments Unit – National Office GPO Box 9958 Melbourne VIC 3001</p>	<p>Email the signed application form and CV to: statutoryappointments@ahpra.gov.au and then mail the national criminal history check and certified proof of indentify documents to:</p> <p>Australian Health Practitioner Regulation Agency Attn: Statutory Appointments Unit – National Office GPO Box 9958 Melbourne VIC 3001</p>

Applications close on **Monday 1 February 2016**.

If you have any questions, please contact statutoryappointments@ahpra.gov.au.

Your submission will be acknowledged by return email.

Application form - appointment to the list of approved persons for appointment to panels for the Occupational Therapy Board of Australia

Which category are you applying for?	<input type="checkbox"/> Health practitioner
Area/s of speciality?	<input type="checkbox"/> Clinician <input type="checkbox"/> Manager <input type="checkbox"/> Academic <input type="checkbox"/> Acute <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Community <input type="checkbox"/> Paediatrics <input type="checkbox"/> Adult <input type="checkbox"/> Aged Care <input type="checkbox"/> Mental Health <input type="checkbox"/> Neurological <input type="checkbox"/> Driving <input type="checkbox"/> Hand therapy <input type="checkbox"/> Vocational rehabilitation <input type="checkbox"/> Other _____
Your principal place of practice:	<input type="checkbox"/> ACT <input type="checkbox"/> NSW[^] <input type="checkbox"/> NT <input type="checkbox"/> QLD <input type="checkbox"/> SA <input type="checkbox"/> TAS <input type="checkbox"/> VIC <input type="checkbox"/> WA

[^]Recruitment in accordance with s183(2) of the National Law, to the extent practicable, will exclude individuals whose residence or principal place of practice is in a co-regulatory jurisdiction (i.e. NSW).

Section 1: Personal details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other :
Surname	
First name	
Preferred name	
Date of birth	
Gender*	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other/unspecified
Principal place of practice address and postcode <small>*(Residential address for community members)</small>	
Is your postal address the same as the address above?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please enter your mailing address:
Telephone	Mobile
	Business
	Afterhours
Preferred email address	

Do you live in a regional/rural area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you identify as an Aboriginal person and/or a Torres Strait Islander person?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were either of your parents born overseas?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an Australian citizen?*	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, what is your current status in Australia?
What is your country of birth?*	
Do you speak a language other than English at home?*	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Do you identify as a person with a disability?*	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:

Declaration of status of a government employee: <i>If you are a government or statutory employee, we kindly ask you to advise AHPRA accordingly.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of organisation and contact name: _____
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How did you hear about this vacancy?	<input type="checkbox"/> AHPRA website <input type="checkbox"/> Board website <input type="checkbox"/> Word of mouth <input type="checkbox"/> Newspaper <input type="checkbox"/> Email from Statutory Appointments <input type="checkbox"/> Other :
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Section 2: Assessing your eligibility for appointment

Please answer all of the questions below.

Registration details	Do you hold current registration with one the 14 National Boards? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your registration number?
	If applicable, please specify your registration, division/s, specialty or area of endorsement as it appears on the public register:

Section 3: Summary of qualifications, experience, employment and membership of other bodies

Please attach your resume or CV to this application (**no longer than 2 pages**). In addition, please complete the summary below.

<p>Qualifications and training – please summarise</p> <p>(Qualification/s may be in addition to the qualification recognised for registration in the profession.)</p>	
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Are you a registered health practitioner –

<p>• in current clinical practice?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>• with education and training expertise?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>• other (please specify)</p> <p>(e.g. practising in an administrative or academic capacity)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/>

Employment	Employer	Position	Period of service
<p>Current full-time employment</p> <p>(Please indicate role if self-employed)</p>			
<p>Previous employment within last 10 years</p>			

Membership on boards established under, or relevant to, the National Registration and Accreditation Scheme

<p>Are you <u>currently</u> a member of a committee of a National Board?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which Board?</p>
<p>Have you ever <u>previously</u> been appointed to one of the 14 National Boards?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which Board?</p>
<p>Are you currently a member of any other body relevant to the National Scheme? e.g. a NSW health professions council; a health conduct or performance panel or committee; or an accreditation authority</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what body/ies?</p>
<p>Are you engaged in any work which may present any actual or perceived conflict of interest, if successfully appointed to panels?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, details:</p>

Current memberships on other bodies, including councils, community groups, boards and committees

Body	Position	Period of Service	No. times appointed, if applicable

Past memberships on other bodies, including councils, community groups, boards and committees

Body	Position	Period of Service	No. times appointed, if applicable

Section 4: Referees

Provide the names and contact details of two or three referees, noting their relationship with you.

Please ensure that you have contacted your referees before submitting your application, advising that they may be called up.

Referee 1

Name

Position

Contact phone

Email

Relationship with candidate

Referee 2

Name

Position

Contact phone

Email

Relationship with candidate

Referee 3

Name

Position

Contact phone

Email

Relationship with candidate

Privacy statement

The Australian Health Practitioner Regulation Agency (AHPRA) and the relevant National Health Practitioner Board(s) are collecting your personal information to assess your suitability for appointment. Your information will be stored in a secured database (the AHPRA database) and will only be accessed by authorised officers of AHPRA or the National Boards.

AHPRA and the National Boards treat all personal information provided by an individual in relation to an application for, or existing, appointment in accordance with the laws that apply to AHPRA, including the applicable provisions of the Privacy Act 1988 (Cth).

The personal information you provide in this form and any accompanying document is required for the purposes of processing and assessing your application. It may be shared with other persons or organisations, such as organisations that issued your qualifications, in order to establish its accuracy and/or to assess your application and suitability for appointment. This may involve disclosing your personal information to overseas entities if, for example, your qualifications were obtained through overseas institutions.

If you do not provide the required information it may not be possible to proceed with your application.

Should you wish to gain access to your personal information held by AHPRA please contact our Privacy Officer by writing to the Privacy Officer at the AHPRA office in your state or territory. AHPRA's Privacy Policy sets out how you may access your information, seek correction of it, how you may complain if your privacy is breached and how that complaint will be dealt with. AHPRA's Privacy Policy is available at www.ahpra.gov.au.

When you provide us with information about other individuals, we rely on you to make them aware that such information will or may be provided to us as part of the application process.

Consent and declaration

I consent to the use of personal information in this form (including any sensitive information such as gender or ethnic origin) by AHPRA and the relevant National Board(s) as part of administering appointments.

I declare that:

- I have never been, nor am I currently insolvent; and
- I have not been disqualified from acting as a director or acting in the management of a company.

I grant permission for inquiries to be made to establish the accuracy of any of the information provided by me in this form and accompanying attachments and to determine my suitability for appointment. I understand that these inquiries will involve the disclosure of my information for these limited purposes. I understand that the relevant National Board(s), AHPRA and selection panels may make these inquiries of any persons or organisations they consider appropriate.

By signing this declaration, I acknowledge that if shortlisted for selection, I grant permission for the conduct of probity checks, which will consist of:

- an Australia-wide criminal record check by CrimTrac
- a check of the Australian Securities and Investment Commission (ASIC) register of persons prohibited/disqualified by ASIC under the provisions of *the Corporations Act 2001* (Cth)
- a check of the Australian Financial Security Authority (AFSA) National Personal Insolvency Index which contains information about proceedings and administrations under the *Bankruptcy Act 1966* (Cth).

Signature: _____ Date: _____